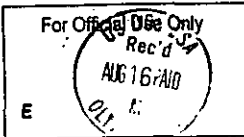


AMENDED
FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2629</u>	2. Fiscal Year Covered From: <div style="display: flex; align-items: center;"><div style="border: 1px solid black; padding: 2px 5px;">1</div> / <div style="border: 1px solid black; padding: 2px 5px;">1</div> / <div style="border: 1px solid black; padding: 2px 5px;">2004</div> Through: <div style="border: 1px solid black; padding: 2px 5px;">12</div> / <div style="border: 1px solid black; padding: 2px 5px;">31</div> / <div style="border: 1px solid black; padding: 2px 5px;">2004</div></div>
3. Name and address of person filing. Name <u>CHARLES J. JURGOVIA</u> P.O. Box, Bldg., Room No., if any Street <u>11704 BOB'S FORD RD</u> City <u>FAIRFAX</u> State <u>VA</u> ZIP Code + 4 <u>22030</u>	4. Name, file number, and address of labor organization. Name <u>AFSCME</u> Labor Organization File Number <u>600-289</u> P.O. Box, Building and Room Number, if any Street <u>1625 L STADER U W</u> City <u>WASHINGTON</u> State <u>DC</u> ZIP Code + 4 <u>20036</u>
5. Position in labor organization. <u>DIRECTOR, FINANCIAL SERVICES</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any <u>N/A</u> Street City State ZIP Code + 4 	7.a. Nature of Interest, Transaction, or Income. <div style="border: 1px solid black; height: 100px; width: 100%; position: relative;"><div style="position: absolute; top: 0; right: 0; bottom: 0; left: 0;">/</div></div> 7.b. Amount. <div style="border: 1px solid black; height: 40px; width: 150px; margin: 0 auto;"></div>
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Charles J. Jurgovia

On

8-13-05

Date

202-429-1007

Telephone Number

AMENDED

Name of Person Filing CHARLES J. TURGOVIZ	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **BOND BOEBE ADVISORS & ACCOUNTANTS**
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street **7315 WILCOUSIE AVE**
City **BETHESDA**
State **MD** ZIP Code + 4 **20814**

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name:
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street:
City:
State: ZIP Code + 4:

11.a. Nature of such dealing.

**PROVIDES AUDITING SERVICES
TO THE UNION**

11.b. Approximate dollar value of such dealing.

\$ 250,000

12.a. Nature of interest held or income received.

**1/13/04 LUNCH
6/22/04 DINNER**

12.b. Amount.

\$ 250

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street:
City:
State: ZIP Code + 4:

14.a. Nature of payment.

(This area is crossed out with a large diagonal line.)

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

AMENDED

Name of Person Filing CHARLES J. JURGOVICS	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **STANDISH HENOV**
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street **ONE BOSTON PLACE**
City **BOSTON**
State **MA** ZIP Code + 4 **02108**

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **AFSCME EMPLOYEES' PENSION PLAN**
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street **1625 L STREET NW**
City **WASHINGTON**
State **DC** ZIP Code + 4 **20036**

11.a. Nature of such dealing.

**INVESTMENT MANAGEMENT OF
PENSION FUND ASSETS.**

11.b. Approximate dollar value of such dealing **FEES** **\$ 350,000**

12.a. Nature of interest held or income received.

**1/14/04 DINNER & BAKKERY BREAD GIVING
7/21/04 GOLF CLOTHING & DINNER
12/14 DINNER**

12.b. Amount.

\$ 275

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street
City
State
ZIP Code + 4

14.a. Nature of payment.

(This section is crossed out with a large diagonal line.)

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

AMENDED

Name of Person Filing CHARLES J. JURGOVIZ

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name STATE STREET GLOBAL ASSURANCE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street ONE LINCOLN STREET

City BOSTON

State MA ZIP Code + 4 02111

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name AESCAPE EMPLOYEES PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1625 L STREET NW

City WASHINGTON

State DC ZIP Code + 4 20036

11.a. Nature of such dealing.

INVESTMENT MANAGEMENT OF
PENSION FUND ASSETS
CUSTODIAN SERVICES

11.b. Approximate dollar value of such dealing \$225,000

12.a. Nature of interest held or income received.

3/11/04 DINNER

12.b. Amount.

\$65

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing CHARLES J. TURKONIS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name THE McHAUGHIL CO.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1725 DESALES ST NW

City WAPPING GROY

State DC

ZIP Code + 4

20034

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

PROVIDES PROPERTY & CASUALTY,
WORKERS' COMP INSURANCE
BROKERAGE SERVICES TO UNION

~~(Presents)~~

11.b. Approximate dollar value of such dealing.

\$ 450,000

12.a. Nature of interest held or income received.

9/21/04 LURCH
12/04 CHRISTMAS PLANT

12.b. Amount.

95

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

1000

14.a. Nature of payment.

14.b. Amount of payment.

13.b. Is the Business an Employer

or Consultant

?

AMENDED

Name of Person Filing CHARLES J. TURGOVIS	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **WELER HUMAN RESOURCES CONSULTING**
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any:
 Street **1166 AVENUE OF THE AMERICAS**
 City **NEW YORK**
 State **NY** ZIP Code + 4 **10036**

9. Business deals with:

- ☒ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **ARCADE EMPLOYEES PENSION PLAN**
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any:
 Street **1625 C STREET NW**
 City **WASHINGTON**
 State **DC** ZIP Code + 4 **20036**

11.a. Nature of such dealing.

BENEFITS CONSULTING TO THE UNION AND PENSION FUND

11.b. Approximate dollar value of such dealing.

\$ 375,000

12.a. Nature of interest held or income received.

**2/12/04 DINNER
 7/19/04 LUNCH & GOLF
 8/10/04 GOLF PUTTING
 8/27/04 DINNER**

12.b. Amount.

\$ 400

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any:
 Street
 City
 State
 ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

AMENDED

Name of Person Filing CHARLES J. JURGOWIS	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **AMERICAN BANK**
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any:
 Street **15 UNION SQ**
 City **NEW YORK**
 State **NY** ZIP Code + 4 **10003**

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any:
 Street
 City
 State
 ZIP Code + 4

11.a. Nature of such dealing.

DEPOSITORY OF UNION DUES

11.b. Approximate dollar value of such dealing.

DEPOSITS \$140 MILLION

12.a. Nature of interest held or income received.

1/21/04 HOCKEY TICKETS (STAFF) *
 1/25/04 BASKETBALL TICKETS (STAFF) *
 3/9/04 BASKETBALL TICKETS
 3/21/04 BASKETBALL TICKETS (STAFF) *
 5/14/04 BASEBALL TICKETS (STAFF) *
 5/21/04 BASEBALL TICKETS (STAFF) *
 5/27/04 BASEBALL TICKETS (STAFF) *

12.b. Amount.

(EST) \$8,000

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any:
 Street
 City
 State
 ZIP Code + 4

13.a. Nature of payment: **12a. CONTINUED**

7/13/04 BASKETBALL TICKETS (STAFF) *
 7/26/04 BASEBALL TICKETS
 8/14/04 BASEBALL TICKETS (STAFF) *
 11/14/04 FOOTBALL TICKETS (STAFF) *
 12/27/04 WINE for CHRISTMAS

*** RECEIVED FROM BANK THROUGH ME AND GIVEN TO STAFF.**

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

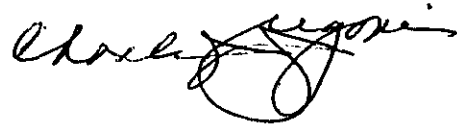
August 13, 2005

US Department of Labor
Office of Labor-Management Standards
Washington, DC 20210

Re: Charles J. Jurgonis
LM-30 AMENDED

Enclosed is a Form LM-30 which amends my previous filing dated July 5, 2005. This filing has been amended as follows:

1. The amended return lists the transactions under Part B. Original filing listed them under Part C.
2. The amended return includes a Christmas plant on page 5 of 7 not previously reported.
3. The amended return lists on page 7 of 7 all tickets received, including those which were distributed to International and affiliate staff. The original filing included only those tickets used by me.

A handwritten signature in black ink, appearing to read "Charles J. Jurgonis". The signature is stylized with a large, looping "C" and "J".